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SERIAL NUMBER 10/644,112	FILING DATE 08/20/2003 RULE	CLASS 351	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. 63049.000088
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/404,657 08/20/2002
 and is a CIP of 10/422,128 04/24/2003
 which claims benefit of 60/375,028 04/25/2002
 This application 10/644,112
 is a CIP of 10/387,143 03/12/2003
 and is a CIP of 10/263,707 10/04/2002 ABN
 which claims benefit of 60/331,419 11/15/2001
 and claims benefit of 60/326,991 10/05/2001
 This application 10/644,112
 is a CIP of 10/281,204 10/28/2002 PAT 6,733,130
 which is a CON of 09/602,014 06/23/2000 PAT 6,491,394
 which claims benefit of 60/142,053 07/02/1999
 and claims benefit of 60/143,626 07/14/1999
 and claims benefit of 60/147,813 08/10/1999
 and claims benefit of 60/150,545 08/25/1999
 and claims benefit of 60/150,564 08/25/1999
 and claims benefit of 60/161,363 10/26/1999
 This application 10/644,112
 is a CIP of 10/046,244 01/16/2002
 which claims benefit of 60/261,805 01/17/2001
 and claims benefit of 60/326,991 10/05/2001
 and claims benefit of 60/331,419 11/15/2001
 and is a CIP of 09/602,013 06/23/2000 PAT 6,619,799
 and is a CIP of 09/602,012 06/23/2000 PAT 6,517,203
 and is a CIP of 09/602,014 06/23/2000 PAT 6,491,394
 and is a CIP of 09/603,736 06/23/2000 PAT 6,491,391

which claims the benefit of 60/363,549 3/12/2002 and 60/401,700 8/7/2002

**** FOREIGN APPLICATIONS *******

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 09/17/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY VA	SHEETS DRAWING 29	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 4
ADDRESS J. Michael Martinez de Andino HUNTON & WILLIAMS Riverfront Plaza, East Tower 951 East Byrd Street Richmond , VA 23219-4074					
TITLE Method of manufacturing an electro-active lens					
FILING FEE RECEIVED 1180	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		